

**This meeting  
may be filmed.\***

## Agenda

<b>Meeting Title:</b>	Central Bedfordshire Health and Wellbeing Board
<b>Date:</b>	Wednesday, 11 July 2018
<b>Time:</b>	2.00 p.m.
<b>Location:</b>	Council Chamber, Priory House, Monks Walk, Shefford

1. **Apologies for Absence**

Apologies for absence and notification of substitute members.

2. **Election of Vice-Chairman 2018-19**

3. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

4. **Minutes**

To approve as a correct record the Minutes of the last meeting held on 21 March 2018 and note actions taken since that meeting.

5. **Members' Interests**

To receive from Members any declarations of interest.

6. **Public Participation**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Council's Constitution.

**HEALTH AND WELLBEING STRATEGY**

Item	Subject	Lead
7.	<b>Joint Health and Wellbeing Strategy</b>	MS

To receive a presentation providing an update on the development of the Joint Health and Wellbeing Strategy.

(To follow)

8. **School Health Education Unit Survey** MS

To receive an overview of the findings of the School Health Education Unit (SHEU) survey and action required.

<b>OTHER BUSINESS</b>
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<b>Item</b>	<b>Subject</b>	<b>Lead</b>
9.	<b>Health and Wellbeing Board Governance Membership</b>	RC

To receive a draft outline on the proposed membership of the Health and Wellbeing Board for discussion.

10.	<b>Flu Vaccination</b>	MS
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To provide an overview of flu vaccination uptake in 2017-18 in Central Bedfordshire with the maximum possible implementation of locally planned actions.

11.	<b>Sustainability and Transformation Plan</b>	RC
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To receive an update on the progress of:

- the Sustainability and Transformation Plan (STP)
- the Better Care Fund and improving outcomes for Frail Older People
- the STP Place Based Plan.

12.	<b>Work Programme 2018/2019</b>	RC
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To consider and approve the work programme.

A forward plan ensures that the Health and Wellbeing Board remains focused on key priorities, areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

To: Members of the Central Bedfordshire Health and Wellbeing Board

Ms D Blackmun	Chief Executive, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive, Central Bedfordshire Council
Cllr S Dixon	Executive Member for Education and Skills, Central Bedfordshire Council
Mr M Coiffait	Director of Community Services, Central Bedfordshire Council
Mrs S Harrison	Director of Children's Services, Central Bedfordshire Council
Cllr C Hegley	Executive Member for Social Care and Housing and Lead Member for Children's Services, Central Bedfordshire Council
Mrs J Ogle	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mrs M Scott	Director of Public Health, Central Bedfordshire Council
Cllr B Spurr	Chairman of the Health and Wellbeing Board and Executive Member for Health, Central Bedfordshire Council
Ms S Thompson	Accountable Officer, Bedfordshire Clinical Commissioning Group

<b>please ask for</b>	Sandra Hobbs
<b>direct line</b>	0300 300 5257
<b>date published</b>	28 June 2018

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**CENTRAL BEDFORDSHIRE COUNCIL**

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Wednesday, 21 March 2018

**PRESENT**

Cllr B J Spurr (Chairman)  
Ms S Thompson (Vice-Chairman)

Mrs D Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire
S Dixon	Executive Member for Families, Education and Children and Lead Members for Children's Services
Mrs C Hegley	Executive Member for Adults, Social Care and Housing Operations (HRA)
Mrs J Ogley	Director of Social Care, Health and Housing
Mrs M Scott	Director of Public Health
Apologies for Absence:	Mr R Carr Mr M Coiffait Mrs S Harrison Dr A Low

Members in Attendance: Cllr Mrs T Stock

Officers in Attendance:	Alan Caton	– Chair, Central Bedfordshire Local Safeguarding Board
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mrs B Rooney	– Head of Public Health
	Ms P Scott	– Strategic Safeguarding Partnership Manager
	Mrs C Shohet	– Assistant Director of Public Health
	Mr M Westerby	– Head of Public Health

**HWB/17/34. Chairman's Announcements and Communications**

The Chairman had no announcements.

**HWB/17/35. Minutes**

**RESOLVED**

**that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on the 24 January 2018 be confirmed as a correct record and signed by the Chairman.**

**HWB/17/36. Members' Interests**

None were declared.

**HWB/17/37. Public Participation**

No members of the public had registered to speak.

**HWB/17/38. Director of Public Health's Annual report**

The Board considered a report which outlined the progress of the 'Call to Action' declared in the Director of Public Health's Annual report on Children and Young People.

Progress against actions reported a year ago had been revisited and data had been drilled down into further. The overall message was that progress had been seen in some areas but because of where Central Bedfordshire was in relation to deprivation, there was still significant progress to be made.

The latest snapshots of the health of 0-4 year olds and 5-19 year olds respectively indicated that the health and wellbeing of children and young people in Central Bedfordshire remained generally better than the national average, although it should be note that there was a significant time-lag in much of the data being returned.

5000 young people across Central Bedfordshire had participated in the Schools Health Education Unit (SHEU) survey which took every 2 years. The results of this survey would be shared with the Board and would provide more robust and information about the emotional health and wellbeing needs of the young people in Central Bedfordshire.

Homelessness and mental health were significant issues in Central Bedfordshire and would be the focus of the next public health report.

**RESOLVED**

- 1. that the report outlining the progress of the actions in the DPH Report in 2016 be noted.**
- 2. that the areas and actions for further improvements be approved.**
- 3. that the implementation of defined actions across all services and organisations be championed.**

The decision was unanimous.

**HWB/17/39. Joint Health and Wellbeing Strategy**

The Board received a presentation on the Joint Health and Wellbeing Strategy (JHWS).

The presentation captured discussions the Health and Wellbeing Board Development session in February and gave the Board the opportunity to review the outcome before moving forward to the next stage.

The Board had identified three broad areas on which the strategy should focus:

- Growth
- Supporting residents
- Mental health and wellbeing

The JHWS needed to be underpinned by a greater understanding of the changes that had already taken place in Central Bedfordshire and would continue to do so over next 10 years.

Innovation should be embedded in the JHWS as the landscape is constantly changing and emerging technologies are being seen.

Next steps included consultation and engagement with stakeholders, residents of new and existing developments, town and parish councils and the voluntary sector and providers in developing and testing the JHWS. Discussions included looking at how other strategies worked, how success could be measured, outcomes and performance and ways of capturing experience.

#### HWB/17/40. **Local Safeguarding Children Board (LSCB) Annual Report 2016-17**

The Board considered the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report covering the period April 2016 to March 2017.

Safeguarding children continued to be complex and challenging against a backdrop of austerity and reducing budgets. The local authority had a lead role in emphasising that safeguarding was everyone's responsibility.

The role of the LSCB included challenging and scrutinise the partnership work of agencies and to record and monitor challenges. Marked improvement had been seen in the number of child protection conferences taking place within the 15-day time period.

The Children and Social Work Act 2017 included the following changes:

- the replacement of Local Children Safeguarding Boards (LCSBs) with local safeguarding partners
- the establishment of a new national Child Safeguarding Practice Review Panel shared by the local authority, health colleagues and the police.

There was also a proposed new system of national and local reviews and new system around child deaths.

A draft of the inter-agency document 'Working Together to Safeguard Children' was published in April 2018 for consultation with the aim of the final document

being published at the end of May 2018. Safeguarding partners have until June 2019 to consider multi agency arrangements which will then be implemented by September 2019 and the LSCB will no longer exist in its current form.

## **RESOLVED**

**to note the information contained within the 2016/17 Annual Report.**

The decision was unanimous.

### HWB/17/41. **Drugs, Alcohol and Mental Health**

The Board considered the ongoing actions to improve outcomes for residents with co-occurring mental health and alcohol/drug problems.

In response to the emerging evidence about issues facing local people with co-occurring mental health and alcohol/drug condition, the Drug & Alcohol Partnership Board dedicated a session focusing on the issues and developing a system-wide approach to address the problems.

As a result of that session, the Drug & Alcohol Commissioners and Mental Health provider ELFT, came together to review the recent "Better care for people with co-occurring mental health and alcohol/drug use conditions" guidance document, published by Public Health England, and used it to develop a self-assessment tool for best practice standards for services.

Actions had been prioritised, with each one having an identified lead, current position and evidence of progress. Those which would have an immediate impact on delivery of services had been given a deadline for completion of 31 March 2018 and those less of a priority or needing significant work would be completed by 31 March 2020 at the latest.

Progress was being made on a number of levels. This time last year there were more reports of serious incidents occurring on a regular basis. In the last 9 months there had not been any reports relating to serious incidents related to drugs, alcohol and mental health. Issues are now being acknowledged and staff are working together to resolve any areas of concern.

Next steps included the continued reporting of progress to Partnership Board and reporting to the Health and Wellbeing Board if challenges and deadlines identified are not met.

Parity of esteem was an area that need to be looked at as matter of urgency for the population of Central Bedfordshire.

## **RESOLVED**

**to review the progress of the collaborative work taking place.**

The decision was unanimous.

**HWB/17/42. Pharmaceutical Needs Assessment**

The Board considered the final draft of the Pharmaceutical Needs Assessment (PNA).

There was the statutory requirement for the Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment every 3 years.

Following a statutory consultation undertaken from 16th October to 15th December 2017 to seek the views of members of the public and other stakeholders to identify issues that affect the commissioning of pharmaceutical services to meet local health needs and priorities, the overall recommendation was that the current number of community pharmacies providing essential and advanced services was sufficient to meet the current needs in Central Bedfordshire

Community pharmacies were valued community assets and were easy to access. Their potential role should be considered as part of strategies to improve health and reduce health inequalities.

It was recognised that Central Bedfordshire was an area of housing growth. The PNA would be reviewed during 2020 and republished in April 2021 unless there were significant changes to local need or provision in the interim.

**RESOLVED**

- 1. that the recommendation and findings of the PNA be noted**
- 2. that the PNA be approved for publication**

The decision was unanimous.

**HWB/17/43. Welfare Reform**

The Board received an update on the actions taken by the Council to mitigate the impact of the Governments Welfare Reforms on the population of Central Bedfordshire.

The Council formed a Welfare Reform Board in April 2013, in order to monitor the impact on residents of the fundamental review of the welfare benefits systems which was being rolled out. The cross-cutting board consisted of representative members from across Council departments.

During Phase 1 a dashboard was created in order to map the effects of the reforms as they were introduced. This proved useful in mapping the changes throughout the entire period of reform.

As no new issues are being identified and the Board had now been disbanded, and work was continued through business as usual.

The Members Forum continued to meet on a quarterly basis in order to maintain oversight of the quarterly Welfare Reform Dashboard.

### **RESOLVED**

**That the Councils approach to mitigating the impact of the Welfare Reforms on the population of Central Bedfordshire be noted and supported.**

The decision was unanimous.

#### HWB/17/44. **Sustainability and Transformation Plan**

The Board considered an update on the progress of the Sustainability and Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK) and the emerging collaborative approach.

### **RESOLVED**

- **that the progress of the Sustainability and Transformation Partnership be noted.**
- **that the publication of the NHS Planning Guidance 'Refreshing NHS Plans' 2018/19 and the use of the new term 'Integrated Care System' replacing Accountable Care Systems be noted.**
- **that the progress on the five priorities of the STP and Transformation projects set out in the Better Care Fund Plan be noted.**
- **that the local initiatives supporting frail older people as part of the Integration and Transformation projects of the Better Care Fund Plan be noted.**

The decision was unanimous.

#### HWB/17/45. **Work Programme 2017/2018**

The Board considered their work plan for 2017/18.

### **RESOLVED**

**that the work plan for 2017/18 be approved.**

The decision was unanimous.

(Note: The meeting commenced at 2.00 p.m. and concluded at 4.15 p.m.  
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Chairman .....

Dated .....

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## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting:

11 July 2018

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### School Health Education Unit Survey

Responsible Officer: Muriel Scott, Director of Public Health

Email: [Muriel.Scott@centralbedfordshire.gov.uk](mailto:Muriel.Scott@centralbedfordshire.gov.uk)

Advising Officer: Sarah James, Public Health Senior Practitioner Children and Young People

Email: [sarah.james@centralbedfordshire.gov.uk](mailto:sarah.james@centralbedfordshire.gov.uk)

Public

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### Purpose of this report

1. To provide an overview of the findings of the School Health Education Unit (SHEU) survey and action required.

### RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. champion the delivery of the actions relating to improving mental health and wellbeing for children and young people which have been identified as part of the emerging Joint Health and Wellbeing Strategy.**

### Background

2. The Schools Health Education Unit (SHEU) survey is commissioned biennially to gather pupil's perceptions of their own health and wellbeing. 5502 pupils from 36 Lower and primary and 19 middle and upper schools across Central Bedfordshire. This is the largest pupil sample surveyed about their health and wellbeing in Central Bedfordshire
3. The survey was also undertaken in 2014 and 2015 which provide information on trends. In addition, comparisons are drawn with the SHEU reference sample of 92,193 pupils across the UK.

4. The survey was undertaken by an equal number of males and females from years 4, 6, 8, 10 and 12. The sample comprised 17% non-white British, 4% Young Carers, 2% Looked After Children and 5% who identified themselves as Lesbian, Gay and Bisexual, (LGB).

### **Issues**

5. A summary of the results is included in Appendix A with comparisons over time or with the wider SHEU sample.
6. The main priority for action was identified as increasing pupil resilience. The actions required and already underway are outlined in Appendix B.

### **Financial and Risk Implications**

7. There is a risk that if actions to improve pupil resilience are not effectively implemented that outcomes will not improve. This could have far reaching implications for the mental health and resilience of young people.

### **Governance and Delivery Implications**

8. The actions identified will either form part of the emerging Joint Health and Wellbeing Strategy and / or the delivery plan for the Children and Young People's Plan.

### **Equalities Implications**

9. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Implications for Work Programme**

10. Delivery of the actions identified will be reported as part of the emerging Joint Health and Wellbeing Strategy.

### **Conclusion and next Steps**

11. The Schools Health Education Unit Pupil Health and Wellbeing Survey Report provides up to date information and data on developing trends and local needs in relation to pupil health and wellbeing.

12. The results of the report have been shared widely amongst schools, colleagues and partners including the Clinical Commissioning Group and service providers. All those in contact with children and young people will be encouraged to consider what the findings mean for them and what actions they may be able to take to improve children and young people's health, wellbeing and resilience.
13. The SHEU survey has been used to inform the actions identified in the emerging Joint Health and Wellbeing Strategy.

### **Appendices**

Appendix A: Summary of the Schools Health Education Unit Central Bedfordshire Pupil Health and Wellbeing Survey Report 2017.

Appendix B: Priority for Action – Improving Pupil Resilience

### **Background Papers**

None

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# Central Bedfordshire Pupil Health and Wellbeing Survey 2017 – Summary

## Introduction

The Schools Health Education Unit (SHEU) survey is commissioned biennially to gather pupil's perceptions of their own health and wellbeing. All participating schools receive their own report and their pooled data informs the main report, summarised here.

Data from 2 previous surveys in 2014 and 2015 provide information on trends and comparisons are drawn with the SHEU reference sample of 92,193 pupils across the UK.

### Who took part?

- ❖ 5502 pupils from 36 Lower and primary and 19 middle and upper schools across Central Bedfordshire. The largest sample we have ever surveyed.
- ❖ An even number of males and females from years 4, 6, 8, 10 and 12.
- ❖ 17% Non white British, 4% Young Carers, 2% LAC and 5% LGB.

## Staying Safe

- ✓ Compared to the wider sample, more Central Bedfordshire pupils have been told how to stay safe online.
- The number of year 10 pupils who are sometimes afraid of going to school due to bullying has increased since 2014 and 2015
- More pupils are sometimes afraid of going to school due to bullying than in the wider SHEU sample.
- 15% of younger pupils and 31% of older pupils/students responded that someone has written or shown things online to hurt or upset them (with text, pictures or video).



## Emotional Wellbeing

- ✓ Self Esteem scores are higher in Central Bedfordshire pupils than in the wider SHEU sample.
- ✓ Numbers of year 6 pupils reporting high levels of happiness has risen since 2014.
- ✓ Pupils reporting high self esteem has risen since 2014. Boys scores are higher than girls.
- ✓ The majority of pupils go to their family for information and support on most issues.
- More pupils have a low measure of resilience compared to the wider SHEU sample.
- 251 (9%) older pupils cut or hurt themselves when they have a problem of feel stressed.
- Since 2014 and 2015, an increasing number of pupils report sometimes worrying about their looks.
- Younger pupils are less likely to be helped to manage their feelings in school and they are less likely to feel listened to in school compared to the wider SHEU sample.
- Compared to the wider sample, Central Bedfordshire children are more likely to report being unhappy with their lives.
- A quarter of pupils go nowhere for information and support on growing up and body changes.
- A quarter of older pupils go nowhere for information and support on social media problems.
- 27% of younger pupils and 30% of older pupils/students responded that worry 'sometimes' stops them concentrating on or enjoying other things; 10% and 11% respectively of pupils said they find it hard to concentrate on anything due to worries.
- 10% of older pupils have regularly made themselves sick.

## Healthy lifestyles

- ✓ More pupils are happy with their weight than the wider SHEU sample.
- ✓ The majority of pupils got more than 8 hours sleep the night before the survey.
- ✓ Almost all younger pupils and the vast majority of older pupils have never smoked and three quarters have never tried vaping.
- ✓ More than two thirds of pupils reported exercising hard on 2 days the week before the survey.
- Since 2014 and 2015 fewer younger pupils report that their school helps them to be physically active.
- A third of younger pupils had not visited the dentist in the last 6 months.
- 17% of older students got less than 6 hours sleep the night before the survey (mid week). 15% say the usual amount of sleep they get isn't enough to concentrate or feel awake at school.

## Vulnerable groups

- ✓ Fewer pupils who are non white British are bought alcohol by their parents than white British pupils.
- Young carers are more likely to have low self esteem and be afraid of bullying.
- More non white British pupils report being told by their girlfriend/boyfriend who they can and cant see, compared to white British pupils and more LGB pupils have had possessive or jealous relationships.
- Pupils with SEND and who are LGB are more likely to be picked on, and less likely feel happy with their lives or have lower self esteem.
- Young carers and pupils from single parent families are less likely to get enough sleep and are more likely to live with a smoker.

## Healthy relationships

- ✓ More pupils in Central Bedfordshire say that, at school, people from different backgrounds are valued compared to the wider SHEU sample.
- 21% of older pupils have experienced physically hurtful behavior at home.
- A quarter of younger pupils feel unable to say no to a friend if asked to do something they don't want to do. This is worse than the wider SHEU sample.
- Compared to wider the SHEU sample fewer older children feel able to always say no to a friend if asked to do something they don't want to do.
- Fewer older children have 10 adults they can trust compared to the wider SHEU sample. Girls have fewer than boys.

## What we need to do

- ❖ To fully implement the Central Bedfordshire Emotional Health, Wellbeing and Resilience Action Plan.
- ❖ To encourage senior leaders in all schools and colleges to provide appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social, Health Education including Drug and Alcohol and Relationship and Sex Education.
- ❖ To share the results of the report widely amongst schools, colleagues and partners including the CCG and service providers.
- ❖ To encourage all those in contact with children and young people to consider what the findings mean for them and what actions they may be able to take to improve children and young people's health, wellbeing and resilience.

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## Priorities for action - Central Bedfordshire Pupil Health and Wellbeing Survey 2017

### Main priority: Increasing pupil resilience

More pupils have a low measure of resilience compared to the wider SHEU sample.

19% Years 4 and 6, and 37% Years 8, 10 and 12 pupils (48% Year 10 girls) have medium to low resilience.

#### 5 Related challenges:

**LGB** - Pupils who are Lesbian, Gay and Bisexual are more likely to have low self esteem and over 1/3 of all pupils do not seek support for gender issues.

**Sleep** - 17% of older students got less than 6 hours sleep the night before the survey.

**Fear of bullying** - The number of year 10 pupils who are sometimes afraid of going to school due to bullying has increased since 2014.

**Self harm** - 251 (9%) older pupils cut or hurt themselves when they have a problem or feel stressed. A quarter of older pupils go nowhere for information and support on social media problems.

**Physical activity** - Since 2014 fewer younger pupils report that their school helps them to be physically active.

- Central Bedfordshire results are from a representative sample from Years 4, 6, 8, 10 and 12 of 5,502 pupils (14% total mainstream pupil numbers across all years) in 36 Lower and Primary and 19 Middle and Upper schools (approx. 1/3 of all schools).
- Comparisons of local results are drawn with a robust SHEU data set of over 92,000 pupils across the UK.

**Promoting resilience is a priority for the Health and Wellbeing Strategy and the Children and Young People's Plan.**

#### What's being done?

1. **Development of the 'Promoting Emotional Health and Wellbeing and Resilience - a Whole School and College Approach' toolkit** to build universal resilience and promote emotional wellbeing for all school aged children. For dissemination in September 2018.
2. **The Central Bedfordshire PSHE Network** webpages and Facebook group offers training and promotes resources to support all Central Bedfordshire schools/colleges with high quality PSHE.
3. **The Health in Education Whole School/College Review** promotes the health and wellbeing of pupils through policies and practice to promote universal health and wellbeing and prevent negative health and wellbeing outcomes.
4. **Planned local analysis of self harm** will inform an evidence based approach to reducing self harm.
5. **Ongoing commissioned resilience intervention** for targeted children.
6. **Support and training for schools/colleges** provided by the CAMH and CHUMS schools teams and the School Nursing Service.

#### What else needs to be done?

1. Improve the support offered by schools/colleges and commissioned services for LGB and T children and young people through training for the children's workforce. **(Leads: CBC Children's Workforce Development and BCCG).**
2. Support parents/carers to build resilience in their children and young people via schools/colleges, and through Parenting Programmes. **(Lead: PH and Early Help).**
3. Champion the provision of high quality PSHE in schools/colleges to increase pupil resilience through building:
  - problem solving skills
  - social media coping skills
  - emotional intelligence and literacy
  - relationship education
  - self esteem and confidence**(Lead: DPH and DCS).**
4. Champion the implementation of a whole school/college approach to health and wellbeing, including implementation of the Emotional Health and Wellbeing and Resilience' toolkit. **(Lead: DPH and DCS).**
5. Schools/colleges to support children and young people to increase their physical activity to 60 minutes per day. **(Leads: PH, School Improvement, Leisure).**
6. Improve the knowledge and skills of the children's workforce through mental health and wellbeing training. **(Lead: CBC Children's Workforce Development and BCCG).**
7. Implement the local and national anti-stigma campaigns across the system, particularly focusing on boys. **(Lead: STP Prevention Board).**
8. Carry out a local analysis to inform an evidence based approach to reducing self harm. **(Lead: PH).**

**For more detailed information please contact Sarah James (Public Health Senior Practitioner - Children and Young People):**  
**Tel: 03003004109 E mail: sarah.james@centralbedfordshire.gov.uk**

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## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

11 July 2018

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### Health and Wellbeing Board Membership

Responsible Officer: Richard Carr, Chief Executive  
Email: [Richard.carr@centralbedfordshire.gov.uk](mailto:Richard.carr@centralbedfordshire.gov.uk)

Advising Officer: Celia Shohet, Assistant Director, Public Health  
Email: [celia.shohet@centralbedfordshire.gov.uk](mailto:celia.shohet@centralbedfordshire.gov.uk)

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### Purpose of this report

1. To receive a report on the proposed membership of the Health and Wellbeing Board.

#### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

- 1. consider and approve the proposed changes to the membership of the Board, prior to formal approval by the General Purposes Committee of the Council.**

### Issues

2. The Health and Wellbeing Board was established as a committee of the Council in April 2013 and membership of the Board has not been reviewed subsequently.
3. The Health and Social Care Act 2012 sets out the statutory membership of the HWB as follows:
  - At least one Member of the Council nominated by the Council's Leader;
  - The Council's Director of Adult Social Services;
  - The Council's Director of Children's Services;
  - The Council's Director of Public Health;
  - A representative of the Local Healthwatch organisation
  - A representative of the Clinical Commissioning Group;
  - Such other persons, or representatives of such other persons, as the Council thinks appropriate.

4. In addition, the following members were also appointed to the Board in 2013:
  - Executive Member for Health;
  - Executive Member for Adults, Social Care and Housing Operations;
  - Executive Member for Families, Education and Children
  - Council's Chief Executive
  - Director of Community Services
  - Clinical Leader from the Clinical Commissioning Group
5. Changes to the provider and commissioning landscape and the ambition outlined in the emerging Joint Health and Wellbeing Strategy have prompted consideration of changes required to the membership of the Board.

### **Options for consideration**

6. To ensure that the Board can deliver its functions including the outcomes from the emerging Joint Health and Wellbeing Strategy, it is suggested that membership is expanded to include representatives from the following sectors of the system:
  - Primary Care Practitioner
  - Acute Care (in 2018/19 a representative of each local provider may be required)
  - Mental Health
  - Community Services

The suggestion is that the various organisations operating in each of these areas should be invited to put forward appropriate representatives.

### **Financial and Risk Implications**

7. None

### **Governance and Delivery Implications**

8. Changes to the membership of the Health and Wellbeing Board, as a committee of the Council, will need to be approved by General Purposes Committee.

### **Equalities Implications**

9. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees.

It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Implications for Work Programme**

10. Consideration should be given to a facilitated development session for the newly constituted Board.

### **Conclusion and next Steps**

11. That the membership of the Board is expanded to better reflect its ambition to improve the health and wellbeing of residents, which is reflected in the emerging Joint Health and Wellbeing Strategy.

### **Appendices**

None

### **Background Papers**

None

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## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting: 11 July 2018

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### Flu Vaccination Uptake in 2017-18 in Central Bedfordshire

Responsible Officer: Dr Bharathy Kumaravel, Assistant Director of Public Health and Cath Fenton, Consultant Public Health Immunisation lead NHS England

Email: [Bharathy.Kumaravel@milton-keynes.gov.uk](mailto:Bharathy.Kumaravel@milton-keynes.gov.uk) and [Cath.fenton@nhs.net](mailto:Cath.fenton@nhs.net)

Advising Officer: Dr Bharathy Kumaravel and Cath Fenton

Public

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#### Purpose of this report

1. This report gives an overview of flu vaccination uptake in 2017-18 in Central Bedfordshire Council with the maximum possible implementation of locally planned actions.

#### RECOMMENDATIONS

##### The Health and Wellbeing Board is asked to:

1. note this year's performance along with the gaps; and
2. note the proposed actions below and provide support to intensify efforts to increase uptake amongst eligible groups.

#### Issues

2. The annual Flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and social care services, helping to reduce unplanned hospital admissions and prevent avoidable deaths; and reduced impact on wider economy due to increased absenteeism. This report gives an overview of flu vaccination uptake in 2017-18 in Central Bedfordshire Council with the maximum possible implementation of locally planned actions.
3. In 2018/19 the one change in eligibility is the extension to an additional cohort of children, those in school year 5. Therefore, in 2018/19 the following are eligible for flu vaccination (Annual national flu immunisation program 2018-19):

- all children aged two to nine (but not ten years or older) on 31 August 2018
- all primary school-aged children in former primary school pilot areas
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers.

4. In addition, vaccination is recommended for frontline health and social care workers

#### Vaccine uptake ambitions for 2018-19

Eligible groups	Uptake Ambition
<b>Routine program</b>	
Aged 65 years and over	75%, reflecting the World Health Organization (WHO) target for this group.
Aged under 65 'at risk', including pregnant women	At least 55% in all clinical risk groups* and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.
<b>Childrens' program</b>	
Preschool children aged 2 and 3 years old	At least 48% with most practices aiming to achieve higher.
School aged children (in reception class & years 1 to 5)	An average of at least 65% to be attained by every provider across all years.
Healthcare workers	70% of healthcare workers with direct patient contact

\* interim ambition

#### Vaccine uptake for 2017/2018

5. The data presented below is from the final survey for 2017-18 flu season (ImmForm). It provides comparable data against national uptake, CCG uptake and against the previous season.

6. In keeping with the national and regional picture, uptake of the flu vaccine was generally higher in 2017-18 than in 2016-17 (See table 1-4). However, most are failing to meet the vaccine ambition uptake for the majority of the eligible groups (with the exception of 2 and 3-year olds and healthcare workers at Bedford Hospital and Luton & Dunstable Hospital)

**Eligible groups for flu vaccination**

7. Compared to previous years, Bedfordshire have reported some improvement in vaccine uptake amongst people aged 65, those in clinical risk groups, carers and pregnant women with significant improvement observed across the school-based programme (Years 1-4) in Bedford. A drop-in vaccine uptake was observed amongst children aged 2 and 3 but this group still met their ambition target of 48%.

**Table 1. Flu vaccine uptake amongst over 65s, under 65s in at risk groups, pregnant women and carers.**

CCG	Over 65s		Under 65s at risk		Pregnant women		Carers	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
NHS Bedfordshire CCG	71.5	72.9	48.5	49.6	52.8	54.3	39.0	40.7
NHS Milton Keynes CCG	70.3	72.2	47.2	50.5	43.5	43.5	36.5	37.3
NHS Luton CCG	67.5	68.3	47.2	47.5	42.2	40.3	42.7	41.0
NHS East and North Herts CCG	72.2	74.1	48.1	48.8	52.0	54.1	39.2	41.5
NHS Herts Valley CCG	73.0	72.4	49.6	48.3	45.7	44.7	45.6	44.2
England	70.4	72.6	48.7	48.9	44.8	47.2		

Note 100% of Bedfordshire GP practices participated in the GP Flu main survey

**Table 2: Childhood GP Flu programme (Aged 2 and 3 years).**

CCG	Aged 2 years		Aged 3 years	
	2016/17	2017/18	2016/17	2017/18
NHS Bedfordshire CCG	<b>49.8</b>	<b>49.5</b>	<b>52.0</b>	<b>49.4</b>
NHS Milton Keynes CCG	40.5	45.0	44.7	45.5
NHS Luton CCG	27.4	33.1	33.0	34.2
NHS East and North Herts CCG	48.1	51.4	49.6	50.8
NHS Herts Valley CCG	48.1	49.6	47.7	49.4
England	38.9	42.8	41.5	44.2

Note: 96.1% of Bedfordshire GP practices participated in the Childhood GP Flu Survey

**Table 3: School based Flu programme (Reception – Year 4)**

	Reception	Year 1		Year 2		Year 3		Year 4
Local Authority	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2017/18
Bedford	60.9	46.0	58.3	47.8	55.9	46.0	54.4	54.5
Central Bedfordshire	69.0	70.1	67.4	67.8	67.1	63.0	64.8	63.9
Milton Keynes	59.7	55.3	58.3	53.5	57.0	51.4	51.5	51.4
Luton	38.9	32.7	37.8	28.3	36.1	26.8	32.4	32.3
Hertfordshire	62.0	60.9	58.9	59.0	58.3	56.0	55.9	53.3
Midlands and East	60.4	53.0	58.4	51.3	57.8	48.6	55.0	53.5
England	62.6	57.0	60.9	55.0	60.3	52.7	57.5	55.7

### Health care workers

8. Health Care Workers with direct patient care with providers are also eligible for a flu vaccine. In this flu season organisations had a financial incentive (CQUIN) to vaccinate 70-75% of their staff. Unfortunately, the Health Care Worker Seasonal Influenza Vaccination Uptake Survey findings are limited at CCG level -the provider response rate in Bedfordshire was 54.7% (down by 11.3% compared to last years).
  
9. With respect to NHS Trusts, uptake of the flu vaccine amongst healthcare workers was 74.5% in Bedford Hospital NHS Trust. Although quite good, this was a drop compared to the last flu season (79%). In comparison Luton and Dunstable Hospital NHS Foundation Trust achieved 76.1 %, which was an improvement on last year (71.5%).

**Table 4. Flu vaccine uptake amongst health care workers with direct patient care by CCG levels and Hospital NHS Trust.**

ORG NAME	% OF HCWS	NHS TRUST	% OF HCWS	% OF HCWS
	2017/18		2016/17	2017/18
NHS BEDFORDSHIRECCG	58.1	Bedford Hospital NHS Trust	79.0	74.5
NHS MILTON KEYNES CCG	66.2	Milton Keynes Hospital NHS Foundation Trust	78.7	78.1
NHS LUTON CCG	49.8	Luton and Dunstable Hospital NHS Foundation Trust	71.5	76.1

### **Flu vaccinations in Primary Care**

10. The Herts, Milton Keynes, Luton and Bedfordshire Flu group were responsible for reviewing weekly sentinel data to highlight any issues in uptake at practice level. In Bedford, no concerns with uptake were highlighted. Any issues would have been addressed via the relevant CCG lead attending the flu group, which would have been escalated to the immunisation team if they experienced any difficulties working with the practices.
11. At practice level, no data uploading issues were noted. ImmForm automatically extracts the relevant information from System1. At the beginning of the Flu programme, there was uploading issue with Immform, which meant that published figures were delayed until December 2017.

### **Flu planning for 218/19**

12. The Screening and Immunisation Team is actively planning the flu vaccination programme for 2018/19 across the Midlands and East area; which includes chairing the bi-monthly Flu Planning and Implementation Group (more frequent during flu delivery). This group exists to support the planning and delivery of the flu vaccination programme. Members from Central Bedfordshire include representation from Primary Care, local authority, Local Pharmaceutical Committee and Local Medical Committee.
13. Key priorities areas have been identified for the group which includes;
  - Ensuring providers have ordered the new flu vaccine (Adjuvanted Trivalent Flu) for the 65 years + (approximately 65% of their eligible population).
  - Improving datasets for pregnant women and individuals with learning disabilities.
  - Identifying variation in flu uptake across regions / organisations and establishing barriers / incentives to improve uptake.
  - Establishing a joint flu communications plan ahead of the flu campaign launch including communicating uptake in each eligible group with providers.
  - Delivering events for the planning of the flu programme between Primary care and Pharmacy, including flu awareness training to increase opportunities for promoting flu vaccination.
  - Engaging with hospital providers to help promote flu vaccine to patients with clinical risk conditions.
  - Supporting the school immunisation team to communicate with schools and Headteachers on the flu programme.

### **Options for consideration**

14. Central Bedfordshire is still falling short of the national targets. There are wide gaps to meet especially in at risk groups who are under 65 years of age, in pregnant women and carers residing within Bedford Borough council.

### **Financial and Risk Implications**

15. The majority of the recommendations are about working more effectively and efficiently and making the most of every opportunity to influence our eligible population to understand the benefits and consent to receive vaccination.
16. Many of the recommendations are a continuation of work in progress but with an additional focus on certain actions which is within agreed resources and will not have any new funding implications:
  - All NHS and non-NHS organisations continue to offer and increase uptake of frontline staff immunisation;
  - BCCG's support in reaching out to our vulnerable population residing in nursing homes/residential care through complex care team;
  - Use of alternate resources such as children centres and a service like warfarin clinic;
  - BCCG exploring options of opportunistic vaccinations when pregnant women come in contact health care.

#### Risks of not doing it:

- Burden on health economy due to increased emergency admissions due to flu related complications;
- Burden on health out come with increased influenza related morbidity (illness) and mortality (death) due to seasonal flu epidemic;
- Burden on wider economy due to increased absenteeism; and
- Reduction in the productivity and efficiency of front line health and social care workers.

### **Governance and Delivery Implications**

17. None

### **Equalities Implications**

18. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees.

It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

19. The proposal has considered council's equality duty to address inequalities in service provision or access.

### **Implications for Work Programme**

20. None

### **Conclusion and next Steps**

21. These recommendations are proposed to improve our seasonal flu immunisation programme delivery and increase uptake; which subsequently will help to reduce flu related complications, avoidable emergency hospital admissions and deaths related to flu complications. It will also help to reduce gaps in service provision by reaching out to the vulnerable population and the groups who are not on the health care system and help to reduce health inequalities within Bedford Borough.

### **Appendices**

The following Appendix is attached through an electronic link:

22. Flu communication plan

### **Background Papers**

23. None

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## Seasonal Flu Joint Communication Plan 2018-19

### Background:

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. Seasonal Flu immunisation is one of the measures that help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

In 2018/19 changes to the programme are as follows:

- As part of the phased roll-out of the children's programme, this year children in school year 5; 9-10year olds (but not 10 on 31<sup>st</sup> August 2018) will also be offered the vaccination.

*Essex Partnership University Trust (EPUT) will be our new provider for school Influenza vaccination programme.*

In 2018/19, the following are eligible for flu vaccination: people aged 65 and over, people aged under 65 with specific clinical conditions, all pregnant women, all two and three year-olds, healthcare workers with direct patient contact, carers and children in reception class and school years 1, 2, 3, 4 and 5.

### Purpose:

A communications strategy is developed to support this year's Flu plan and to provide communications colleagues in NHS and non NHS organisations with information and resources ahead of the 2018/19 winter flu season for use at local level.

Communication and campaign has been planned to implement delivery of national strategic aim of providing public health information to prevent and protect against flu and to ensure that we are communicating the benefits of the vaccine among all recommended groups.

### Objectives:

1. Support national and local strategic decisions of:
  - a. Improving uptake for those in clinical risk groups, particularly with **long-term liver (crude mortality rate 15.8/100,000)** and **neurological disease (crude mortality rate 14.7/100,000)**, and people with Immuno-suppression (**crude mortality rate 20/100,000**).
  - b. Raising awareness of the new elements and recently introduced elements of the flu programme. This will include effective communications at local level with education partners and schools through local authorities' children and education services for

promoting offers of flu vaccination to 2- 9 years old children and school year 1,2, 3,4 and 5 children of Bedfordshire and Milton Keynes.

- c. Improving uptake in **pregnant women**.
- d. Promoting uptake of flu vaccination **among older people in residential or nursing care**; and promoting uptake of **flu vaccination among those staff providing care** for people in residential or nursing care.

**Bedfordshire and Milton Keynes Social Marketing plan: Targeted messages every month within the programme period in collaboration with PHE.**

**Local key target groups in priority order agreed as:**

- 1. People age above 65
- 2. Pregnant women
- 3. Children of age 2-9 years
- 4. Under 65 At risk (chronic liver disease, people with Immuno-suppression, chronic neurological disease and chronic respiratory disease).

**Agreed key activity and leads for 2018-19:**

<b>Task</b>	<b>Lead agencies</b>
Letter of invitation and recall by service providers (GPs/school health service provider)	GPs/EPUT
GP Packs – Local and National	BCCG/MKCCG
Pharmacy Packs – Local and National	LAPH and LPC
Packs to MKUH/L&DUH/BGH occupational health/midwifery/children services/ through communication leads	LAPH/Acute trusts' communication team
Packs to MKUCS and Bedoc/Community trusts	LAPH
Packs for Community centres/LA sites/	LAPH
Packs for local businesses under CSR	LAPH
Social marketing and digital media campaign	LAPH/CCG/PHE
Public Engagement sessions <ul style="list-style-type: none"> <li>a. BME group meetings ACCM UK Bedfordshire</li> <li>b. King's Church Milton Keynes</li> <li>c. Meetings organised by faith leaders ( Mosque Queens Park/Gurdwara Queens park/</li> <li>d. MK Health Watch- Central Bedfordshire Bedford, Bedford Borough and Milton Keynes</li> <li>e. Older person festival Central Bedfordshire</li> <li>f. Bedford River festival</li> <li>g. Family fun day MK Dons</li> <li>h. Outreach work Hospital Trusts</li> </ul>	LAPH

i. Carers in Bedfordshire/Milton Keynes	
j. Others (TBC)	
Newsletter updates – CBC/ BBC/ MKC/ CCGs	BBC,CBC,MKC, CCGs, PH
Press releases	BCCG/MKCCG/LAPH
Facebook / Twitter – localised: BBC/CBC/MKC; National PH retweets / Facebook	BBC/CBC/MKC/LAPH
Real Time screens for GP practices/hospital waiting area	LAPH
Bus Stops /Train station	BBC/MKC
Myth busting	LAPH
Updates to parents and head teachers through LA children and education services	LAPH/LA children services/Education services
National campaign “ Stay well this winter”	All
Panning details are given below*	

### Call to action thoughts:

- Ask your GP or Pharmacy for the Jab
- Don't Wait till Winter
- Call your GP
- Book your appointment
- Visit your Pharmacy
- Pregnant? .....Protect your unborn child
- Get your child vaccinated....it doesn't hurt!

### Monthly plan of action plan delivery

#### JULY

	Owner	Action
GP Packs	CCGs	Selection of posters, banners and leaflets to be supplied to all GP practices
Finalise Plan	PH	Produce time line with key milestones.

Investigate Flu stats	PH	<p>Press Release to incorporate the following details:</p> <ul style="list-style-type: none"> <li>• “Around 2/3<sup>rd</sup> of the deaths in patients admitted with flu or its complications are from people above 65 years of age”</li> <li>• Children are renowned “infection spreaders” – immunisation will help prevent / minimise Flu outbreak within schools, nurseries and other child care settings</li> <li>• Front line health and social care workers and carers (formal and informal) are key to supporting vulnerable individuals – Flu immunisation of this key group could help maintain support networks and services across the local economy throughout the Flu season</li> <li>• MKCCG &amp; BCCG –Flu admissions/ Statistics from last season</li> <li>• DON'T WAIT TILL WINTER – plan your Flu Job</li> </ul>
Bank of Quotes	CCGs	Develop a bank of Quotes regarding Flu for use across the Flu campaign, required by end of July for digital messaging.
Determine National timetable regarding Campaigns	PH	Contact PHE / NHS England for confirmation of national activity to ensure that local planning merges into national plans.
Digital resource pack	PH	Disseminate digital flu pack on resources collated and send updates when required to all stakeholders and collaborating bodies (Communication Steering Group)

## **AUGUST**

Action	Owner	Action
Press Release	CCGs	<ul style="list-style-type: none"> <li>• DON'T WAIT TILL WINTER - to include key points as advised by PH (see July above for 5 key points) and key quotes as gathered by the CCG.</li> </ul>
Facebook campaign - initial	LA Comms with PH	<p>Prepare and Launch Facebook campaign</p> <ul style="list-style-type: none"> <li>• Pregnant women / 2-9 year olds (parents / carers / guardians)</li> <li>• 4 ads, one for each target audience,</li> <li>• Call to action at this stage in the year would be 'Call you GP to make an appointment.</li> </ul>
Community Magazine	LA Comms	<ul style="list-style-type: none"> <li>• Advertising in relevant community Magazines</li> <li>• Pregnant Women and Parent / guardians of 2-9 year olds. .</li> <li>• Agreed general release date for the Pregnant women:</li> <li>• PH will provide the 4 ads, one for each target audience.</li> </ul>
Benefit messages	PH	To feed into newsletter articles e.g. CCG GP newsletter each month targeting 65+, Under65 at risk, Pregnant women and children age 2 and 3 and frontline care workers.

HP Update on vaccination uptake	PH	PH to provide a “thought for the month” regarding Flu – initially outlining priority areas to be used in CCG & LA Newsletters with practices.
Digital resource pack	PH	Social media resource pack update for the month

## **SEPTEMBER**

	<b>Owner</b>	<b>Action</b>
Pregnant Women/ Children 2 - 9	BBC/CBC/MKC	Initial Press releases within the first 2 weeks of September Beds/last two weeks MK Call to action – see your GP or Pharmacist
Workplace – Health/Social Care	BBC/CBC/MKC/ CCGs	BBC – call to action for staff to attend in house clinic or see their GP or pharmacist CBC – call to action for staff to attend in house clinic or see their GP or pharmacist BCCG – call to action for staff to attend in house clinic or see their GP or pharmacist MKC- call to action for staff to attend in house clinic or see their GP or pharmacist MKCCG- call to action for staff to attend in house clinic or see their GP or pharmacist
HP Update (Flu)	PH	Health Protection team to provide an update on progress
Digital resource pack	PH	Social media resource pack update for the month

## **OCTOBER**

	<b>Owner</b>	<b>Action</b>
65 at risk group <ul style="list-style-type: none"> <li>• COPD</li> <li>• Immunosuppression</li> <li>• Chronic liver disease</li> <li>• Chronic neurological disease – Stroke, MS, Parkinson</li> <li>• Morbid Obesity ( new category not publicised adequately)</li> </ul>	PH	<ul style="list-style-type: none"> <li>• Social media resource pack update for the month</li> <li>• Work with Smoking Cessation and Breathe easy group re COPD</li> <li>• PH to supply myth busters for key conditions</li> <li>• Harm reduction case study re COPD (CCG)</li> </ul>
Carers	CCGs	<ul style="list-style-type: none"> <li>• Work with Carers Bedfordshire/carers MK</li> </ul>

		<ul style="list-style-type: none"> <li>• PH – providing a talks through public engagement( BME groups/Agemk/religious centres)</li> <li>• CCG to work with Carers Champions in practices</li> <li>• Call to action: “Protect yourself and your people you are looking after..... get a flu jab”</li> </ul>
Health Protection Update	PH	<ul style="list-style-type: none"> <li>• Based on initial data start to plan Facebook activity for November.</li> </ul>

## **NOVEMBER**

	<b>Owner</b>	<b>Action</b>
Facebook Key targeted work based on 1 <sup>st</sup> month evaluation Digital resource update pack	PH	Funding requested and approved.  Social media resource pack update for the month
Health Protection Update		Determine target groups for January: <ul style="list-style-type: none"> <li>• Facebook activity and</li> <li>• reaching out the demography with poor performing practices</li> <li>• Practices recalling patients who have not responded</li> </ul>
Stay well this winter campaign	CCG	Winter preparation/self-care/keep warm/who to contact for help/avoid A&E

## **Training and professional updates Plan:**

<b>Training</b>	<b>Owner /support</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>• Infection control and prevention champion training</li> </ul>	PHE /LAPH	Front line social care workers and carers trained (Bedfordshire & Milton Keynes) <ul style="list-style-type: none"> <li>• 22<sup>nd</sup> May -30 people registered – Care homes</li> <li>• 12<sup>th</sup> June- 41 people registered - Primary Care</li> <li>• 10<sup>th</sup> July-24 people registered- Care Homes</li> </ul>
<ul style="list-style-type: none"> <li>• Infection control and outbreak management</li> </ul>	PHE/LAPH	Primary Care workers (June)

<ul style="list-style-type: none"> <li>Updating health care providers about benefits of Flu immunisations to communicate further</li> </ul>	NHSE/ LAPH	September/October
<ul style="list-style-type: none"> <li>Professionally updating midwives about benefits of flu Immunisation</li> </ul>	NHSE/Acute Trusts	TBC

**Author: Christina Gleeson, Public Health Bedfordshire and Milton Keynes**

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**CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD**

Date of Meeting

11 July 2018

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**Update on the Sustainability and Transformation Partnership (STP) and Central Bedfordshire's Integration and Transformation Plans**

Responsible Officer: Richard Carr, Chief Executive  
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Public

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**Purpose of this report.**

1. To provide an update on the progress of the Sustainability and Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK), often now referred to as Integrated Care System or ICS.
2. To inform the Board of the emerging collaborative approach and newly established CCG leadership structure to strengthen commissioning across BLMK.
3. To inform the Board of the publication of BLMK's Single Operating Plan and the requirement for a Central Bedfordshire Implementation Plan.
4. To update the Board on the Integration and Transformation projects incorporating the Better Care Fund Plan and progress on improving outcomes for frail older people.

**RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:**

1. **note the progress on the five key priorities of BLMK Integrated Care System;**
2. **note the recruitment to key posts for the STP as well as the establishment of a BLMK CCG Committees in Common and new leadership structure;**

3. **note the publication of publication of BLMK’s Single Operating Plan and the requirement for a Central Bedfordshire Implementation Plan; and**
4. **receive the update on Better Care Fund Plan and note end of year submission to NHS England.**

<b>Background</b>	
1.	Bedfordshire, Luton and Milton Keynes STP is one of the first wave of Integrated Care Systems in the country. The 15 STP partners continue to work closely to design a more integrated system. Access to transformational funding has enabled delivery of change, to secure improved outcomes for local people, at a faster pace, although it should be recognised this is the beginning of a major change programme.
2.	The 2018/19 NHS England planning guidance 'Refreshing NHS Plans' required Integrated Care Systems to prepare a Single System Operating Plan (SSOP) narrative that covers Clinical Commissioning Groups and NHS providers, in place of individual organisation plan narratives. The Single System Operating Plan should align key assumptions on income, expenditure, activity and workforce between commissioners and providers. System leaders should take an active role in this process, ensuring that organisational plans underpin and together express the system’s priorities.
3.	Historically health and care organisations have developed their strategic plans in relative isolation of each of other. However, this year the whole health and care system in BLMK have worked in collaboration, with clinicians and wider stakeholders, to create a single system wide plan across the footprint,
4.	The Single System Operating plan for 2018/19 describes how health and care partners will build on achievements during 2017/18 and sets out what the focus will be for the coming year. <a href="http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf">http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf</a>
5.	Each ‘Place’ is subsequently required to produce an implementation plan to support the delivery aims of the SSOP. The Place-based Implementation Plans should support the delivery aims of the SSOP.
6.	The Single System Operating plan for 2018/19 retains focus on the five priority areas: <ul style="list-style-type: none"> <li>• Priority 1 Prevention</li> <li>• Priority 2 Primary, Community and Social Care</li> <li>• Priority 3 Sustainable Secondary Care</li> <li>• Priority 4 Digital Programme</li> <li>• Priority 5 Systems Integration.</li> </ul>

7.	For Central Bedfordshire, there is a close alignment of the SSOP to the local vision set out in the Integration and Better Care Fund Plan, which is a plan of the Health and Wellbeing Board.
8.	The national planning guidance for the Integration and Better Care Fund (BCF) requires quarterly monitoring of the BCF Plan to ensure that Health and Wellbeing Boards continue to meet the requirements of the BCF over the lifetime of the Plan and to enable local areas to provide insight on health and social care integration.
	<b>Progress in Key Priority Areas of the STP</b>
9.	<p><b>Priority 1 Prevention -</b></p> <ul style="list-style-type: none"> <li>• <b>Social Prescribing</b></li> </ul> <p>A social prescribing model which builds on the Village Care Scheme and supported by Community Wellbeing Champions has now been developed for Central Bedfordshire. The model is planned to fully launch in the Summer enabling 26 General Practices and other professionals to refer into the service. Funding has been sought to continue the programme in 2018/19.</p> <ul style="list-style-type: none"> <li>• <b>Detection of abnormal heart rhythm and high blood pressure in community pharmacies</b></li> </ul> <p>Seven community pharmacies have been funded to screen residents for hypertension and atrial fibrillation (AF) in 3 Central Bedfordshire Wards where there are higher levels of deprivation and cardiovascular disease. The pilot will run from mid-April to June. Early indications of activity suggest that the prevalence of undetected hypertension (27.2% of residents screened) and AF (1.3% of residents screened) is in line with expectations. Funding is being sought to continue and extend the intervention during 2018/19.</p> <ul style="list-style-type: none"> <li>• <b>2018/19 plans</b></li> </ul> <p>The current priorities will continue in 2018/19 along with a new focus on promoting self-care across BLMK and the development of a workplace wellbeing offer.</p> <p>The three main areas of focus for this work, which will be underpinned by key deliverables, and the development of a Prevention and Self-Care dashboard, are:</p> <ul style="list-style-type: none"> <li>• Keeping people well for longer - Supporting people with long term conditions to manage their physical and mental wellbeing.</li> <li>• Early identification and intervention -Early identifying of risk factors and signs of disease to reduce preventable mortality.</li> </ul>

	<ul style="list-style-type: none"> <li>Promoting wellbeing and self-care - Lead and facilitate the development of a culture of health and wellbeing and promoting the importance of mental wellbeing alongside physical health.</li> </ul>
<p>10.</p>	<p><b>Priority 2 Primary, Community and Social Care</b></p> <p><b>Primary Care</b></p> <p>The STP wide Primary Care Home incentive scheme has been successful with over 90% of practices participating in clusters and either demonstrating some of the characteristics of Primary Care Home (e.g. Multidisciplinary working) or having plans to do so.</p> <p>The Primary Care Home initiative is a population health model, focused on populations of 30,000- 50,000 (clusters). It is centred on the delivery of health and care services by integrated multi-disciplinary teams and involves building care management through integrated teams of GPs and health and social care teams. With the teams identifying health and care needs through processes of segmentation and risk stratification and then developing the model and workforce to meet the needs of that population.</p> <p>Due to changes in practices and staffing levels recently it has been agreed that instead of prioritising and fast-tracking Leighton Buzzard, all clusters will receive intensive support from National Association of Primary Care (NAPC) and other organisations to suit their needs and develop at pace.</p> <p>Bedfordshire CCG coordinated the recruitment of pharmacists and international recruitment of GPs. This has resulted in 15 pharmacists to be deployed in Bedfordshire clusters. Currently two pharmacists have been working to review medication in care homes in Central Bedfordshire.</p> <p><b>Mental Health</b></p> <p>The focus is on delivering enhanced, core 24/7 mental health support for patients with physical health needs being managed within hospital settings.</p> <p>A workshop took place on 3 May with East London Foundation Trust and the Kings Fund focussing on mental health in primary care.</p> <p>The STP mental health objectives for 2018/19 have been set out for the system. These are:</p> <ul style="list-style-type: none"> <li>Development of an STP mental health investment plan through to 2021</li> <li>Mental health in primary care home support.</li> <li>Physical health check in primary care support</li> <li>Mental health crisis care pathway development</li> <li>Children &amp; young people access</li> <li>Development support for Bedfordshire dementia diagnosis</li> </ul>

	<ul style="list-style-type: none"> <li>• Development of an STP workforce plan</li> <li>• Five Year Forward View for Mental Health delivery assurance.</li> </ul> <p><b>Workforce</b></p> <p>A Primary Care Workforce Development Plan submitted to NHS England at the end October 2017 received positive assurance. The target number of additional GPs (115) is a significant challenge however the development of the Primary Care Home model will enable the development of new roles as well as professionals working to the top of their licence which in turn will reduce the need for the scale of new GPs.</p>
	<p><b>High Intensity Users</b></p> <p>Work is ongoing to develop a Community Provider Incentive Scheme – focusing initially on High Intensity Users. Provider organisations have come together to work through a structure and process for identifying and subsequently managing high intensity users of health care.</p> <p>The aim is for the identified cohort of patients to be managed proactively through locality-based MDTs. Proactive management of vulnerable patients has been demonstrated to reduce hospital admissions and improve quality of care. High Intensity Users are described as those who in the last 6 months have</p> <ul style="list-style-type: none"> <li>• 4 or more Non-Elective Admissions</li> <li>• 5 or more Ambulance Conveyances</li> <li>• 6 or more Accident &amp; Emergency Attendances.</li> </ul>
<p>11.</p>	<p><b>Priority 3 Sustainable Secondary Care</b></p> <ul style="list-style-type: none"> <li>• Plans for the proposed merger of Bedford Hospital and Luton &amp; Dunstable Hospital are ongoing. A Joint Integration Board, consisting of executive representatives from both Trusts has been established and is leading discussions on the plans, possible timeframes and priorities.</li> <li>• Both Trust Boards have committed to reviewing progress in June this year and agreeing the most likely date for the merger to proceed. The earliest possible date to proceed will be in the autumn and is dependent on receiving confirmation in early July from NHS Improvement (NHSI) that the capital is available to support the plans.</li> </ul> <p>However, the more likely scenario is that the national funding allocation is not announced until later in the summer and in this case, meaning that the merger commences at the start of the next financial year (April 2019).</p>

12.

## **Priority 4 Digitisation**

### **Information Sharing Phase 1 Programme**

Excellent progress made by the Information Sharing programme using Estate and Technology Transformation Funds (ETTF) with the main objective of making BLMK SystmOne patient data available in every care setting.

In Central Bedfordshire, the multidisciplinary teams received a demonstration on the SystmOne Community Care module and are now working on designing a SystmOne template for multidisciplinary working.

### **Care Homes Digitisation Programme**

The programme of work to provide Care Homes with digital capability and to ensure compliance with Information Governance standards is continuing. This is an important part of supporting care homes in managing complex care of residents within the Home as well enabling access to shared care information.

### **Social Care data and cyber security discovery programme**

Central Bedfordshire is one of three local authorities in the country selected to participate in an LGA led adult social care data and cyber security discovery programme. The national programme is being led by Care Alliance on behalf of the LGA.

The programme aims to acquire comprehensive understanding of the cyber and security risks and how they are or could be managed in care settings. The Programme will work with a total of 25 individual adult social care services across Central Bedfordshire, which will be selected to include the different client groups and service types, as well as the full range of organisational types and sizes, and will spend two days on site with each service. Examples of systems to be considered includes:

- Assessments.
- Care and support plans.
- Medication records.
- Records of accidents and incidents.
- In community services, allocated and unallocated visits.
- Staff rotas.
- Contact details for people being supported by the service, for relatives and for staff.
- Staff training records.
- E-learning.
- Business continuity plans.

13.

**Priority 5 System Reengineering**

Progress on Priority 5 are as follows:

- **Programme leadership** - recruitment to key posts, of Chief Information Officer (CIO), Director of System Re-engineering and Director of Resources, to support the delivery of the STP priority programmes is underway.
- **Strengthening CCG Leadership** - following the functional review of commissioning undertaken as part of Priority 5 work, the three Clinical Commissioning Groups in the BLMK footprint have decided to work more closely together to further streamline activities, release scarce resource to support the development of BLMK's Integrated Care System and move towards delivery of a strategic commissioning function at scale and at place.

Collaboration of CCGs provides a stronger commissioning voice across the STP footprint and reflects the consolidation of the Provider Landscape (i.e. planned Hospital merger and shared community providers between Bedfordshire and Luton CCGs). Furthermore, it provides opportunity to maximise key commissioning resources across the BLMK system.

A joint Committee of the CCGs, Committee in Common (CiC) has now been set up. The new leadership structure will be strengthened by the appointment of a Joint Accountable Officer (JAO), a Joint Chief Finance Officer, and place-based Chief Operating Officers as part of a Joint Executive Team.

The Chief Operating Officer (COO) role is critical to ensuring the focus on Placed-based transformation and helping to drive greater integration. The exact composition of the role of the COOs is being discussed between the Councils in the STP and the CCGs.

Recruitment to the post of the Joint Accountable Officer takes place in June/early July and for the posts below the JAO recruitment is planned for between July and August.

- **Estates Strategy** – work is ongoing to develop a capital and estates strategy for the STP. Bids for development of the Integrated Health and Care Hubs are also being considered for Transformation funds. The key principles for the draft strategy and a cross section of capital bids including those for Central Bedfordshire projects are shown in Appendix 3.

14.	<p>The move to a more collaborative approach in how health and care services are commissioned and delivered is also reflected in how the regulatory agencies of the NHS are configured. A proposal to increase joint working between NHS England and NHS Improvement was published in March this year. A more joined-up approach across NHS England and NHS Improvement, will engender:</p> <ul style="list-style-type: none"> <li>• working much more effectively with commissioners and providers in local health systems to break down traditional boundaries between different parts of the NHS and between health and social care</li> <li>• speaking with one voice, setting clear, consistent expectations for providers, commissioners and local health systems</li> <li>• using NHS England and NHS Improvement’s collective resources more effectively and efficiently to support local health systems and the patients they serve.</li> <li>• removal of unnecessary duplication and improve the impact from our work, delivering more for the NHS together than we do by working separately.</li> </ul> <p>Although the current statutory framework means that a merger between NHS England and NHS Improvement is not possible and there is a requirement for the organisations to have separate Boards, as well as retaining governance of their distinctive legal responsibilities, however and subject to approval, these strengthened national joint working arrangements would start to be established from September 2018.</p>
15.	<p>The latest monthly brief from BLMK STP can be accessed here:</p> <p><a href="http://blmkstp.co.uk/wp-content/uploads/2018/05/May-18-Monthly-Brief-BLMK-STP_FINAL-1.pdf">http://blmkstp.co.uk/wp-content/uploads/2018/05/May-18-Monthly-Brief-BLMK-STP_FINAL-1.pdf</a></p>
	<p><b>Integration and Better Care Fund Plan</b></p>
16.	<p>There is a close strategic fit between the aims of the Integration and Better Care Fund Plan (BCF), and the aims of the STP which are both centred on shifting the balance of care to focus on out of hospital services, promoting independence and wellbeing and reducing reliance on institutional forms of care. The Health and Wellbeing Board previously received a report demonstrating the cross section and alignment of Integration and Transformation Projects for Central Bedfordshire. Appendix 1</p>
	<p><b>Integration and Better Care Fund Plan</b></p>
17.	<p>Central Bedfordshire’s Integration and Better Care Fund Plan is now in its second year. Work is ongoing on the key projects of BCF Plan as set out in Appendix 1.</p>

	<b>End of Year Return</b>
18.	The Quarter Four/ End of Year returns to NHS England and MHCLG were submitted at the end of April. It included a description of our progress against our plans and system challenges. Extracts from the submission describing performance against the national metrics, progress against the High Impact Change Model and a summary of success and challenges over the year are set out in Appendices 2A, B, C.
	<b>Next Steps</b>
19.	Work will continue to progress the priority areas of the STP to benefit the population of Central Bedfordshire.
20.	A Central Bedfordshire 'Place' based implementation plan for a Single System Operating Plan will be produced and shared at a future meeting of the Health and Wellbeing Board.
21.	Bedfordshire CCG and Central Bedfordshire Council leads will continue to progress work on establishing a framework to support the Central Bedfordshire as a 'Place' within the context of the STP and the emerging CCG Leadership approach.
22.	The Transformation Board will continue to monitor progress on the key projects for the BCF and STP as well as ensuring that a single delivery framework for the key Integration and Transformation strategies aligned to the Single System Operating Plan is in place.
<b>Implications for Work Programme</b>	
23.	Further update reports on the STP priorities, emerging Integrated Care System and an Implementation Plan for the Single System Operating Plan narrative will be presented to the Health and Wellbeing Board at future meetings.

<b>Reasons for the Action Proposed</b>	
24.	Health and Wellbeing Boards have a key role in shaping the future of health and social care in their areas and need to ensure that they have meaningful input to the STPs. The emerging vision and priorities of the STP are consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
25.	Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the Five Year Forward View, covering Oct 2016 to March 2021. NHS England will assess each STP. Plans of the highest standard will gain access to transformation funding from April 2017.

26.	NHS England planning guidance 'Refreshing NHS Plans' 2018/19 makes clear that STPs are expected to take an increasingly prominent role in planning and managing system-wide efforts to improve services.
27.	The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.
28.	The proposed leadership structure for BLMK CCGs has important implications for the Central Bedfordshire vision for securing integrated outcomes across health and social care.

## Issues

### Governance & Delivery

29.	<p>The BLMK STP programme has been overseen and driven by an STP Steering Group. This includes 15 key STP partners, all of whom act as equal partners in the STP programme. Representation on the STP Steering Group is at the CEOs and/or Director level. The Chief Executive of Central Bedfordshire Council is the STP lead.</p> <p>The overarching design principle used to formulate the STP work programme has been that, as far as practical, the STP working groups draw on resources provided and/or insourced from STP partners. This helps to ensure that:</p> <ul style="list-style-type: none"> <li>• Ownership is achieved</li> <li>• Barriers in accessing data, intelligence, people and advice are reduced</li> <li>• Local expertise is harnessed</li> <li>• Third party costs are minimised.</li> </ul>
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### Financial

30.	One of the triple aims of the STPs is to secure financial balance across the local health system and improve the efficiency of NHS services. However, the financial position of Bedfordshire Clinical Commissioning Group remains of concern in the wider ICS position.
31.	As an ICS in 2018/19 the system will need to be managed with a single system-based budget, balancing pressures between partners.
32.	In 2017/18 the continued rapid growth in emergency admissions, and A&E attendances, reflects sub-optimal experience for our residents and is creating financial pressure within the system.

### Public Sector Equality Duty (PSED)

33.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees.
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	It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
34.	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">Yes/<b>No</b></span>
35.	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
BLMK Single System Operating Plan	<a href="http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf">http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf</a>

### Appendices

The following Appendix is attached/provided through an electronic link:  
 Appendix 1 - Integration and Transformation Projects for Central Bedfordshire  
 Appendix 2a – End of Year Feedback  
 Appendix 2b – Q4 Metrics Outturn  
 Appendix 2c – End year update on High Impact Change Model  
 Appendix 3 - BLMK Estates Strategy, Draft Key Principles

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Central Bedfordshire Place Based Transformation Programme

BCF				
Prevention and early intervention	Delivering integrated and improved outcomes through Out of Hospital Services	Integrated Health and Care Hubs	Enhanced Care in Care Homes	High Impact Change Model
Expansion of telehealth/telecare services	Embed Multi-disciplinary approach	Commissioning scoping and Strategic Outline Case documents	Trusted Assessor model	Early discharge planning
Implementation of Social Prescribing	Primary Care Home	Commissioning Outline Business Cases (OBCs)	Red bag scheme	Systems to monitor patient flow
OOMPH physical activity programme	Discharge Planning, Single Trusted Assessor approach, Single Point of Co-ordination approach	Procurement and construction of Hubs.	Medication reviews to reduce inappropriate polypharmacy	Multi-disciplinary/multi agency discharge teams
Falls Prevention training for Extra Care Homes	Integration rehabilitation & reablement	Development of interim "Hub" virtual/estates solutions	Complex care support	Home First/Discharge to Assess
Implementation of a falls pathway	Develop integrated care pathways	Review plans with CBC Local Development Plan	Care home staff training	Seven Day service
			Care home digitisation, Airdale model scoped	Trusted Assessor
				Enhancing health in care homes
				Focus on Choice

OOH Strategy (indicative schemes)			
Strengthening and Transforming the General Practice Model	Expanding the range of OOH Services	Strengthening multidisciplinary working to support frail and complex patients	Enablers
Extended access to primary care	Enhanced services delivered by clusters	Rapid Intervention Team	Record sharing/shared health and social care record
Home visiting model	MDT development	A&E Streaming	IM&T inc. remote monitoring and risk stratification
Same day access	Bringing planned care OOH	Enhanced care home model	Hub scoping and development
GP Resilience	Community diagnostics	Discharge to assess, discharge planning	Workforce development
High Impact Actions	CHS mobilisation	111/out of hours integration with OOH services	Leadership and OD
Delegated Commissioning	Single Point of Access	Complex care	

CISP			
Transitions of Care	Complexity of Care	Primary Care Home	Paediatric non-elective
Standardised Discharge Process	Digitalisation Strategy	core support "offer" to practices	Bronchiolitis Action Plan
5Q Care Test	Medication Reviews	Implementation on Plan	
BLMK Discharge Framework	Care Planning	Engagement with localities and clusters on benefits of the model	
	Training Needs Assessment	Support to apply for NAPC Programme	
	In and out of Hours assessment	Production of process controls and impact measures	

**Work streams:**

- Primary Care Transformation ●
- Supporting frail and complex patients ●
- Developing IM&T ●
- Embedding multidisciplinary working ●
- Developing workforce and new roles ●
- Hub development ●

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Better Care Fund Template Q4 2017/18

6. Year End Feedback

Selected Health and Wellbeing Board:

Central Bedfordshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The overall delivery of BCF is improving the joint working between health and social care within the locality; and work will continue through 2018/19. This is evident in some of the success described later in this return and continuing work should help to begin address those areas not currently meeting the BCF targets.
2. Our BCF schemes were implemented as planned in 2017/18	Neither agree nor disagree	There has been progress on most of the schemes and others are in planning stages or about to be mobilised. Key projects related to the Out of Hospital Scheme have been successfully implemented e.g. multidisciplinary approaches in Central Bedfordshire localities; implementation of the Red Bag Scheme and introduction of a Hydration project in Care Homes.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Agree	The delivery of the BCF plan through 2017/18 has had a positive impact on the integration of health and social care within the locality; and will continue through 2018/19.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Work is ongoing in areas where there are higher rates of emergency admissions, with a particular focus on proactively managing people with long term conditions. Through 2017/18 there has been minor fluctuations in the rate of non-elective admissions. Data as at February indicates a rate of 820.24 per 100,000, this is lower than as at April 2017. Despite not meeting the target threshold, this is demonstrating that the support given to the multidisciplinary teams (Caring Together project) and the investment in community capacity supporting the primary care home model is enabling early intervention, and proactively managing people in the community.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	Following a self-assessment against the High Impact Change Model; work has taken place against the action plan to deliver improvements in key areas; specifically, out of hospital services and enhanced care in care homes.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Strongly Agree	Work is progressing to manage the proportion of older people still at home 91 days after discharge. Throughout the year there have been successful examples of those customers requiring community reablement, mutually supported by support workers from the Local Authority and community services providers.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	Packages of care are scrutinised through a panel process to ensure that all other possible opportunities have been investigated. Works to improve hospital discharge coordination are ongoing. Additional support has been provided by additional social work capacity and funding to the voluntary sector through the iBCF. Crisis prevention plans with carers have taken place; and Central Bedfordshire continues to develop additional independent living (extra care) accommodation.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	6. Good quality and sustainable provider market that can meet demand	This year has seen strengthening of the relationship between commissioners and our local care homes and domiciliary care providers. The framework agreements for commissioning care homes and domiciliary care were successfully re-let. The Domiciliary Care Framework is framed to address market concerns, particularly in relation to the rurality of Central Bedfordshire and the travel implications for Care Workers. An incentive payment for discharge from hospital is also part of the new framework. The Council is also implementing a Community Catalysts model to create capacity and diversity within the market, particularly in rural areas.  Existing communication channels (care provider forums) have been utilised to engage providers in the challenges facing the market and to co-design solutions. In particular, the drive to reduce non-elective admissions and delayed transfers of care. This enhanced relationship with Care Providers has resulted in positive achievements delivering both the Enhanced Health in Care Homes Framework and a more responsive Home care market. The Beds Care Group has appointed a Trusted Assessor for care home residents. Once embedded, this will result in transfers of care between care settings being readily managed without delay.
Success 2	2. Strong, system-wide governance and systems leadership	A Central Bedfordshire 'Place' based Transformation Board has been established and is a sub group of the Health and Wellbeing Board. The Board has oversight of the Integration and BCF Plan as well as the transformation projects and priorities of the STP.  A Steering Group comprising senior representatives from ELFT/BCG/CBC has been established to oversee the delivery of a multi-disciplinary approach (MDA) across Central Bedfordshire localities. This approach is staff across adult social care, primary care, community nursing and mental health to work delivered integrated outcomes for people. The Council's Overview and Scrutiny Committee established an Enquiry Panel to determine the vision for Integration and locality based Integrated Health and Care Hubs. The Panel enquiry has concluded its Phase 2 and report presented to the Council's Executive.  The Council has set out a clear ambition to support the delivery of Integrated Health and Care Hubs with a capital sum within its medium term financial plan.
8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Bedfordshire CCG has important financial challenges and is currently in financial recovery. New Directors are now in post and working closely with the Council and through the Central Bedfordshire Transformation Board to secure a common vision to shape the future of health and care services.  East London Foundation Trust (ELFT) commenced as the new Community Health Services Provider in April and is likely to have a period of mobilisation which could present a challenge to focus on outcomes for people, certainly in the short term.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	The lack of integrated systems is challenging, however the STP has established a digitisation programme and is addressing issues around shared systems across acute, community and social care. Work is also ongoing to provide electronic access to records for care homes. So far 3 Care Homes completed their IG Toolkit training and STP funding has been received to extend this to the remaining Care Homes which will provide access to secure NHSnet and SystemOne Care Home modules. Hand held recording tools are being piloted in two Central Bedfordshire owned homes and further work is ongoing to explore electronic monitoring systems includes medicines management tools.  Central Bedfordshire Council is in the process of replacing the adult social care case management system (SWIFT). The replacement system is expected to provide direct customer access and encourage self management.

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other

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3. Metrics

Selected Health and Well Being Board:

Central Bedfordshire

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Reducing non-elective admissions remains challenging, with an ageing population and patient flows across 7 hospitals. We continue to work closely with A&E Delivery Boards to reduce non-elective admissions. Although outturn performance at Q3 was lower than the estimated rate at 2699.7 per 100,000 it was higher than the required target. This outturn represents a further challenge for achieving the expected Q4 target of 2428.4.	Complex Care support to reduce non-elective admissions to care homes is being embedded. A number of initiatives such as hydration training and greater falls awareness training is being targeted to care homes. The Complex Care teams input has had positive impact in one of the localities within Central Bedfordshire.	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	Qtr 4 2017/18 target of 504.5 was achieved with a rate of 385.9 per 100,000 population. Through the year we achieved a quarter on quarter reduction in the number of admissions (Q1: 61, Q2: 58, Q3: 45, Q4: 28).	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	Due to reporting timescales, we are unable to report on Q4 outturn. As there is a time lag in securing the data.	A combined data for health and local authority reablement services achieved 97% in Qtr 3, an improvement on the reported outturn of 93% in the Qtr 3return). Rehabilitation and reablement services are now operating as an integrated service.	None
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	Coordinating discharges across 7 hospitals is challenging.	Although complete Q4 data is not yet available, our DTOCs have reduced. Central Bedfordshire is ranked 16th out of 151 local authorities on the overall rate of delayed days per 100,000 population aged 18+, improving from 32nd in January for all delays. Broken down - ranked 39th/151 for NHS and 5th/151 for Social care reasons.	None

\* Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template

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Better Care Fund Template Q4 2017/18  
4. High Impact Change Model

Selected Health and Well Being Board:

Central Bedfordshire

		Maturity assessment					If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Narrative	Support needs
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)				
Chg 1	Early discharge planning	Established	Established	Established	Mature	Mature		<p>The challenge is coordinating early discharge planning across 7 hospitals used by Central Bedfordshire residents.</p> <p>With the implementation of an Integrated Hospital Discharge service for Central Bedfordshire residents, the aim remains to bring the service to a mature standard, recognising that there are different processes in place across the different acute trusts.</p> <p>To overcome this challenge a Data &amp; Intelligence Officer is in post to manage this and maintain a flexible and resilient approach to surge and escalation.</p>	<p>Established partnership working with Emergency Departments and Clinical Navigation teams to mitigate against hospital admission across acute trusts.</p> <p>A duty/triage function to complement the approach taken in Accident &amp; Emergency has been established.</p> <p>Complex discharge arrangements are supported by social workers attending ward based MDT board rounds and identifying appropriate persons to support safe and timely hospital discharge.</p> <p>A sub-acute pathway which supports the early discharge planning arrangements and transfer to in patient rehab units and/or Reablement/Intermediate Care at home has been established.</p>	None
Chg 2	Systems to monitor patient flow	Plans in place	Established	Established	Established	Mature		<p>Current OPAL patient flows only covers a proportion of Central Bedfordshire residents - those attending the Luton and Dunstable and Bedford Hospitals.</p> <p>Links need to be made to monitor patient flows to remaining hospitals.</p>	<p>A person tracker has been developed to monitor the customer journey from admission to discharge within the Hospital Discharge Service across multiple acute and non-acute NHS trust settings.</p> <p>Work is underway with primary care colleagues to establish the sharing of the person tracker with wider system partners, with a view to providing a seamless process of information sharing across agencies involved in the joined-up care and support of customers.</p> <p>Daily briefing within the Hospital Discharge Service, to review caseloads and identify complexity associated with discharge has commenced.</p> <p>The DToC tracker now provides a central point of data recording across multiple acute NHS trusts and non-acute settings to monitor and report performance associated with delayed transfers of care.</p>	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature	Mature		<p>Information sharing and shared case management systems across health and social care remains a challenge.</p>	<p>The Hospital Discharge Service is structured with social care staff managing both social care and NHS Intermediate Care customers.</p> <p>The service operates within a range of acute and non-acute NHS trust settings managing the flow of persons across a system and engaging in the multi-disciplinary discharge planning of both health and social care customers.</p>	None
Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place		<p>Difficultly integrating access.</p> <p>Workforce capacity within current providers is limited.</p> <p>Decisions regarding ongoing care being made in acute settings as a result of limited integrated approach.</p>	<p>An established Integrated Triage Service aligns the Council's Reablement and Community Health Service Provider's Intermediate Care Services, providing a single point of contact for referrals and triage in an integrated context.</p> <p>The joining up of Intermediate Care Services enables customers to leave acute settings earlier as referrals are triaged in parallel by assessing the customer outside of the acute setting, whilst ensuring their needs are met.</p>	None
Chg 5	Seven-day service	Established	Established	Established	Established	Established		<p>Full range of support services are not always available 24/7.</p> <p>Difficulties extending a seven-day service across private community services.</p>	<p>An integrated hospital discharge service has provided a seven-day approach for two years.</p> <p>As part of the service's surge and escalation plans, there is scope to increase staffing levels at weekends and Bank Holidays, as and when periods of surge are experienced.</p> <p>Work is ongoing to implement and improve the seven-day service in relation to the access to community providers.</p>	None
Chg 6	Trusted assessors	Plans in place	Plans in place	Established	Established	Mature		<p>Expanding the Trusted Assessor role across acute hospitals used by Central Bedfordshire residents.</p> <p>Implementation of a seven-day service</p>	<p>The Hospital Discharge Service hosts a Care Home's Trusted Assessor employed via Bedfordshire Care Group in place at Luton &amp; Dunstable and Bedfordshire Hospitals.</p> <p>Trusted Assessor supports both new care admissions and transfer arrangements of residents returning from both the Emergency Department and wider Hospital wards to usual place of care home residence, regardless of the funding stream of the person.</p> <p>The Trusted Assessor joins the Service's daily briefing and supports the previously mentioned board round process for wards/departments with higher concentration of care home admissions.</p>	None
Chg 7	Focus on choice	Established	Established	Established	Established	Established		<p>Patient choice for self-funders.</p> <p>Fragile market.</p>	<p>Implementation of the Community Catalyst to help create a diverse care market and build capacity particularly in rural areas.</p> <p>The Hospital Discharge service supports a range of acute trust policies associated to person choice.</p> <p>A partnership approach is adopted with acute trust discharge teams supporting people to make appropriate and timely choices regarding their ongoing care arrangements, regardless of the funding stream of the ongoing service.</p> <p>The Service will support discharge to assess arrangements of all persons it supports, with a view to making more longer term and significant decisions with customers outside of the acute trust setting.</p>	None
Chg 8	Enhancing health in care homes	Established	Established	Established	Established	Established		<p>There is a risk that Care Homes will be overwhelmed by the number of initiatives being introduced.</p> <p>Whilst there is engagement and enthusiasm to support the delivery of the enhanced care framework, there is some anxiety about the capacity to adopt the change.</p> <p>Staff turnover in the residential and nursing care market is likely to impact on projects.</p> <p>Leadership and project management capacity is required to provide support and mentoring to Care Providers to ensure the success of the projects and modernisation agenda.</p>	<p>The aforementioned Trusted Assessor is in place and engaged with all the care homes.</p> <p>The Red Bag scheme has been implemented and there is good engagement with Care Providers</p> <p>Partnership work with Bedfordshire Care Group continues to progress initiatives.</p> <p>Hydration Project rolled out to all care homes and response is positive.</p> <p>Medication Reviews are ongoing.</p> <p>GP alignment in place in two of four localities.</p> <p>Digitisation - technological capabilities have been established and homes within the LGA pilot have completed their training.</p> <p>Care Home Data analysis has taken place and data has informed winter initiatives.</p>	None

Hospital Transfer Protocol (or the Red Bag Scheme)										
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.										
		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Plans in place	Established	Established		None	<p>Scheme has been implemented</p> <p>Good engagement with care providers. Use of Red Bags will be closely monitored and any emerging issues addressed.</p> <p>Trusted Assessors will play an active role in the use of the Red Bags.</p>	None

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Appendix 3

**BLMK Estates Strategy  
Draft Key Principles**

- i. BLMK is being seen by the NHS as a single unit for capital planning, but across the wider public sector we believe that One Public Estate is showing that this is an area where we can achieve more together, despite the overhead of working across partnerships.
- ii. Modelling the future will always be imperfect, and although we must develop the best plans possible, we need to acknowledge that the process will be imperfect.
- iii. Public sector estate is a rare asset and all efforts should be made to see it highly utilised, including by sharing and extending hours of operation.
- iv. BLMK is experiencing, and planning for further, rapid demographic growth, especially given its pivotal position within the Oxford-Cambridge Corridor. This brings challenges but also provides considerable opportunities: 1) to design healthy and sustainable communities, reducing the ongoing demand for services 2) to use developmental opportunities to provide our services from future- proofed, flexible locations. We also have experience of new town development within our patch to learn from the MK experience.
- v. Our service models will change and we require an estate which can flex to meet these need, therefore, generic design should be the norm.
- vi. Hospitals are important for our population, and should be delivered from premises that are fit for purpose, can be economically staffed, without a legacy of unmet backlog maintenance, and are scaled to meet our planned activity profile
- vii. Care should not be delivered face to face unless required, and where residents need to travel for care this should be minimised, and that travel should be efficient, sustainable and accessible.
- viii. In order to maximise the local provision and fast positive access for our residents, diagnostic and therapeutic interventions should be located as close as economically practical to our population.
- ix. Service location will need to balance the optimal scale of operation from a cost of provision basis, against the resident or system benefit of being delivery more locally.
- x. Our increasingly integrated and multi-disciplinary care models should be supported by our estates
- xi. Our investments will bring our teams together, and create the environment for multidisciplinary working by default.
- xii. Our estate investments should reflect the future of services, as best as we can assess them, and should focus on hospital facilities for those activities that will always be delivered by hospitals, and community facilities for those that can be delivered closer to home.
- xiii. The best bed for anyone in BLMK is their own bed, wherever the system can enable this.
- xiv. Health and care facilities are regenerative, bringing people into an area, and create a nucleus on which regeneration can be planned.
- xv. Community facilities are well located when interrelationship between independent living, primary care, wider public and third sector neighbourhood support, and regeneration are also considered.
- xvi. Investment should focus on resolving inequality within neighbourhoods, or across places, but should also be seen as a fair distribution of finite resources over time within BLMK
- xvii. The BLMK strategy needs to be comprehensive, covering the totality of our needs and plans, but divided into a medium to long term pipeline, to ensure our population's needs are proactively managed. This is particularly relevant given our population growth forecasts.
- xviii. There are many schemes within BLMK, but many of these are not sufficiently developed for an early slot in our pipeline. However, this pipeline is important given delivery lead-in times.

Cross Section of BLMK Capital Projects – including Central Bedfordshire

				0		37,350	64,480	35,270	7,700	144,800	130,300	0	
Existing	BCCG	BCCG / BHT Bedford Borough Hub Programme	Development of stroke rehabilitation inpatient facility	NHS PS capital secured	2018-19	0,760					0,760		No additional funding requirement.
Existing	BCCG	Bedford Borough Hub Programme	Gilbert Hitchcock House	STP Funding secured-Wave 2-EBM									No additional funding requirement.
Existing	BCCG	Bedford Borough Hub Programme	Cauldwell	STP Funding secured-£1.55M									No additional funding requirement.
New	BCCG	Central Bedfordshire Hub Programme	Dunstable	OBC stage. LA funded scheme			11,225	10,225		21,450	6,000	2,000	STP capital contribution required to ensure viability of revenue costs (estimated at £6m at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Biggleswade	OBC stage. LA funded scheme			6,000	9,427		15,427	5,000	2,000	STP capital contribution required to ensure viability of revenue costs (estimated at £6m at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	West Mid Beds	Feasibility stage. Arcadis engaged as consultancy			6,000	9,000		15,000	12,000	1,500	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Houghton Regis	Feasibility stage. Arcadis engaged as consultancy			5,000	3,000		8,000	3,000	0	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Leighton Buzzard	Feasibility stage. Arcadis engaged as consultancy			6,000	6,000		12,000	11,870	0	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Bedford Borough Hub Programme	Hub 3 (South West Bedford/Kempston)							15,000	14,200	0,800	Estimates at this stage
New	BCCG	Bedford Borough Hub Programme	Hub 4 (North-West Bedford Borough)							12,000		0	Estimates at this stage
New	BCCG	Bedford Borough Hub Programme	Hub 5 (North-East Bedford Borough)							5,000		0	Estimates at this stage

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

11 July 2018

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### WORK PROGRAMME 2018/19

Responsible Officer: Richard Carr, Chief Executive  
Email: [richard.carr@centralbedfordshire.gov.uk](mailto:richard.carr@centralbedfordshire.gov.uk)

Public

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#### Purpose of this report

1. To present an updated work programme of items for the Health and Wellbeing Board for 2018/19.

#### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

- 1. consider and approve the work programme attached, subject to any further amendments it may wish to make.**

2. Health and Wellbeing Boards are a requirement under the Health and Social Care Act 2012. The Board brings together key local commissioners for health, social care and public health. It provides strategic leadership and will promote integration across health and adult social care, children's services, safeguarding and the wider local authority to secure high quality and equitable health and wellbeing outcomes for the population of Central Bedfordshire.
3. The work programme is designed to ensure the Health and Wellbeing Board is able to deliver its statutory responsibilities and key projects that have been identified as priorities by the Board.

#### Work Programme

4. Attached at Appendix A is the currently drafted work programme for the Board for 2018/19.
5. The work programme ensures that the Health and Wellbeing Board remains focused on key priority areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

### **Governance and Delivery Implications**

6. The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work programme contributes to the delivery of priorities of the strategy and includes key strategies of the Clinical Commissioning Group.

### **Equalities Implications**

7. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### **Conclusion and next Steps**

8. The Board is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

### **Appendices**

9. Appendix A – Health and Wellbeing Board Work Programme

### **Background Papers**

10. None.

**Health and Wellbeing Board  
Work Programme 2017/18**

<b>Issue for Decision</b>	<b>Description</b>	<b>Indicative Meeting Date</b>	<b>Lead Director and contact officer(s)</b>
Director of Public Health's Annual report on Homelessness and Health	To receive the Director of Public Health Report 2018	21 October 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: James McGowan, StR Public Health
Joint Health and Wellbeing Strategy	To receive the final draft of the Joint Health and Wellbeing Strategy	21 October 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Vicky Head, StR Public Health
Improving outcomes for people with Diabetes	To receive an update on reducing excess weight and diabetes	21 October 2018	Dr Sanhita Chakrabarti, Clinical lead, BCCG
Sustainability and Transformation Plan	To receive an update on the progress of the Sustainability and Transformation Plan (STP), the Better Care Fund and improving outcomes for Frail Older People	21 October 2018	Richard Carr, Chief Executive, CBC Contact Officer: Patricia Coker, Head of Partnership and Performance, CBC
Healthwatch Annual Report 2017/18	To receive the Healthwatch Annual report 2017/18	21 October 2018	Diana Blackmun Chief Executive Officer Healthwatch Central Bedfordshire
		<b>To be Timetabled</b>	
Health and Care Hub Development	To receive an update on the Hub Programme workplan		Nikki Barnes and Dr William Hollington, BCCG Contact Officer: Patricia Coker
Children and Young People's Plan	To receive a report regarding the delivery of the plan for 2017-19		Sue Harrison, Director of Children's Services, CBC Contact Officer: Amanda Coleman, Partnerships and Performance Officer
Primary Care Service Development	To provide a progress update on Primary Care Service Development.		Sarah Thompson, Chief Accountable Officer, BCCG Contact Officer:

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